

**STATE OF CALIFORNIA
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**LONG-TERM CARE (LTC) ANNUAL DISCLOSURE REPORT
LINE & PAGE FILE DOCUMENTATION
FOR MAGNETIC TAPE AND CD-ROM**

For

23rd YEAR
(Report Periods Ending 12/31/99 - 12/30/00)



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
ANNUAL LTC DISCLOSURE REPORT**

LINE & PAGE FILE DOCUMENTATION

TABLE OF CONTENTS

	Section
Introduction.....	A
General Information.....	B
Numeric Format Descriptions	C
Data File Summaries	D
Line File Specifications and Record Layouts.....	E
Page File Specifications and Record Layouts.....	F

Also attached should be a copy of the LTC Annual Disclosure Report form.

SECTION A

INTRODUCTION

The Office of Statewide Health Planning and Development (OSHPD) produces upon request, magnetic tapes and CD-ROMs containing OSHPD Long-Term Care (LTC) Annual Financial Disclosure data files.

This documentation applies to files produced for the following reporting year:

- 23nd year (Report periods ending 12/31/99 - 12/30/00)

There are 2 types of files produced. They are:

1. Line File
2. Page File

The line file contains all the data in one file. The line file has a fixed length record with a record key and a data area defined as needed for the page/line in the record key. A report consists of many line records (30 to 3000) depending on the information actually submitted. No facility completes every line on the disclosure report. The line file reflects only those lines a facility submitted. Occasionally you may encounter a line containing no data. This means that a facility submitted data on this line in error, and the data was removed (zeroed out) during the audit process.

The data on the page files are contained in 22 separate files. The page files have a fixed length record for each file. The size of each page file depends on the amount of data on the page. If a facility reported at least one column of data on a page, a record for that facility will be in that page file. If a report page is omitted from a facility's disclosure report, there will be no record for that facility in the particular page file. Non-reported lines and columns will contain "zero values" just as if "zero" had been submitted.

The differences between the line file and the page file can be determined by reviewing the documentation for both formats. If you are a new user of OSHPD financial data, it is recommended that you review sections D, E, and F of this documentation to determine which format best meets your data needs, statistical package or programming language restraints and computer system compatibility.

Historically OSHPD has provided tapes accommodating two standard ways of storing numeric data. For want of better names, they were called the COBOL and FORTRAN tapes. A detailed description of the two formats is in Section C. Using these names caused OSHPD data requestors a great deal of confusion. The CD-ROM and magnetic tapes now come in default formats that were selected to meet the most common needs without the data requestor having to make a technical decision. The only format for CD-ROM's is the numeric data with leading spaces and leading hyphen for negative numbers, which is PC (ASCII) Compatible. The format that stores the numeric data with leading zeros and the positive/negative sign in the high order byte of the right-most character is used as the default or standard format for any magnetic tape being purchased. If you know you need a different magnetic tape format, please contact an analyst in the Healthcare Information Resource Center of OSHPD at (916) 322-2814 for additional assistance.

Section B provides details on the media on which data are provided and general information on the physical characteristics of the files.

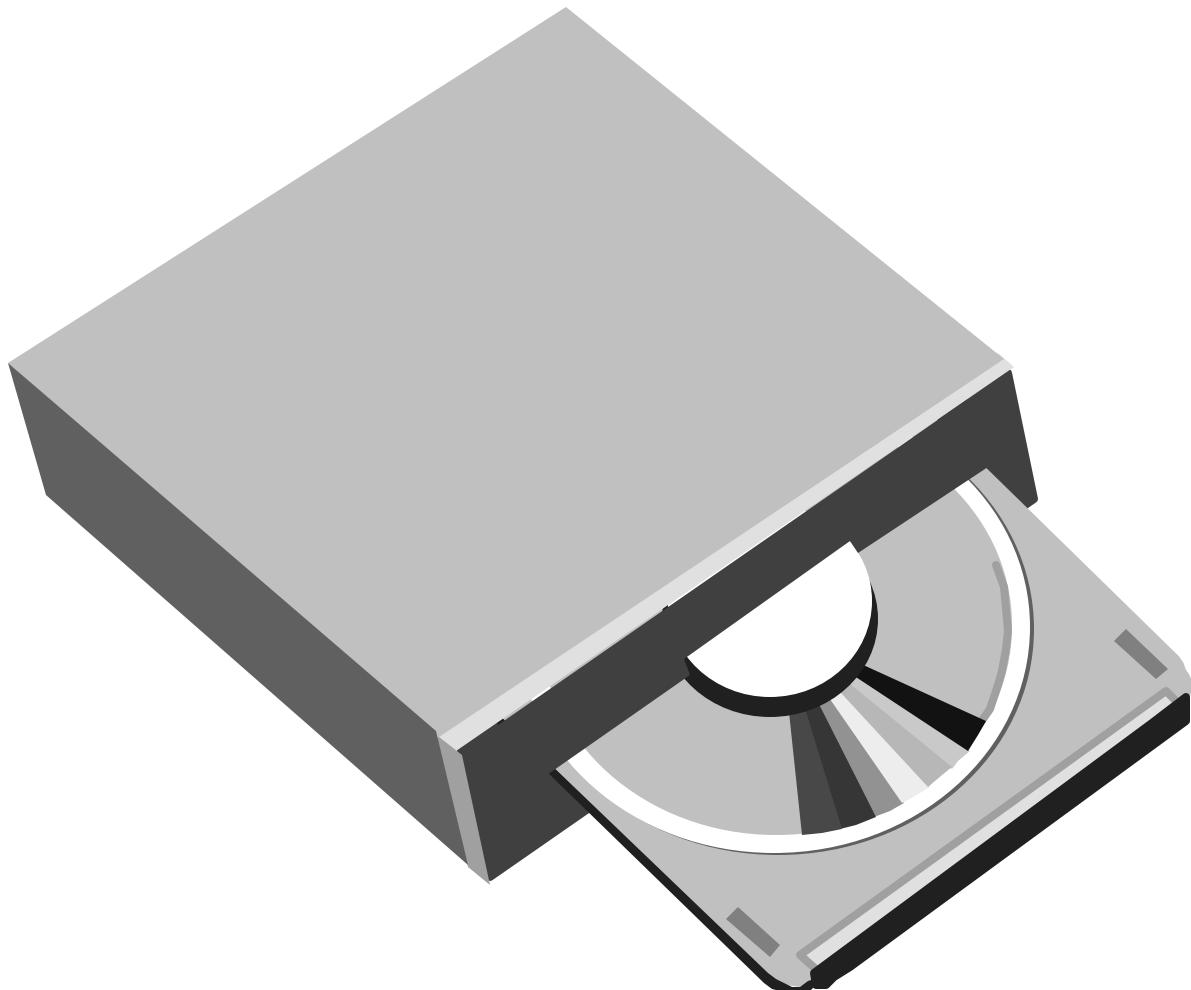
Section C is a detailed description of how numeric values are stored in the files.

Section D provides a summary of the page file data set names, file positions, and record and block sizes.

Section E provides a record description of the Line File.

Section F provides a record description of each file for the Page Files.

If you have questions regarding the files, please get in touch with the OSHPD Healthcare Information Resources Center at (916) 322-2814.



SECTION B

GENERAL INFORMATION

Medi-Cal Information

The Long-Term Care Facility Integrated Disclosure and Medi-Cal Cost Report meets the reporting requirements of OSHPD's Long-term Care Facility financial data program, and the Department of Health Services' Medi-Cal rate studies. Some of the data in the integrated report are unique to either the disclosure program or the Medi-Cal program, while other data are required by both programs. In past years, data reported on the integrated report for the Medi-Cal program was not processed by the Office and was not on the data tape.

Regulations requiring electronic reporting were implemented beginning with report periods ending June 30, 1994. Therefore, beginning with the 17th year tape, OSHPD has put the Medi-Cal program information, *as it was submitted*, on the tape. OSHPD is not editing or otherwise reviewing the Medi-Cal program data. The Medi-Cal data may not be consistent with the edited disclosure data.

Page 11.2, the last file on the tape, is a recalculated (audited) version of Page 11. Page 11 on the tape is the data as it was submitted by the facility, according to Medi-Cal cost reporting requirements. Page 11.2 on the tape is recalculated according to OSHPD's disclosure reporting requirements.

MAGNETIC TAPE INFORMATION

Tape Characteristics

The standard "page" and "line" tape is provided with the following characteristics:

Cartridges: The Office has the capability to provide data on IBM 3480 compatible (mainframe) cartridges for our clients. The 3480 cartridge is easier to handle in terms of shipping and storage and is more reliable (free from data errors) than reel tapes. The 3480 cartridge can be in a non-compressed format or in an IDRC compressed format. The LTC Annual Disclosure report will fit on one non-compressed cartridge. IDRC is an optional hardware (tape drive) compression format that your computer's operating system must recognize in order to read the tape.

NOTE: This cartridge is not compatible with most PC backup systems. There are 3480 compatible tape drives for PCs but they are not "standard". Please verify with your computing center staff that your organization can process these cartridges.

Non-compressed
38,000 BPI
EBCDIC character coding
Labeled (Standard IBM/OS labels--see below for definition)

Reel Tapes: 9-Track
6250 BPI
EBCDIC character coding
Labeled (Standard IBM/OS Labels--see below for definition)

See Section D for data set name(s), file position, block size and record size.

Standard IBM/OS Labeled Tape

The data tape is labeled using standard IBM/OS internal labels. It is necessary to know the description and location of tape labels in order to process the tape properly. For an IBM/OS labeled tape, the label locations are given below. As indicated, the volume label comes first on the tape, followed by the file header label, the data, and file trailer label. Also note the location of tapemarks.

Volume Header Label	(80-byte record; “ VOL1 ” in positions 1-4)
File Header Label	(80-byte record; “ HDR1 ” in positions 1-4)
File Header Label	(80-byte record; “ HDR2 ” in positions 1-4)
Tapemark	
Data	(disclosure report data records)
Tapemark	
File Trailer Label	(80-byte record; “ EOF1 ” in positions 1-4)
Tapemark	

Single File Tape (Line Tape)

This tape is a single file containing disclosure report data for all LTC facilities that filed a report with OSHPD for the specified period. Each record contains data for a page-line in a facility's disclosure report. All records are fixed-length (200 bytes), but have different formats depending on the page-line(s) it represents. Only lines that contain, or have contained, data are on the tape. Pages and/or lines for which no data was reported by the facility have been omitted from the tape.

Multi-File Tape (Page Tape)

The "page" tape is a multi-file tape containing a separate file for each page in the LTC Disclosure Report. In total, there are 22 "page" files, each with different record formats and lengths. Specific file information and record layouts are given in "File Specifications and Record Layouts, Section E."

A facility will have a record for each page reported in the disclosure report. Therefore different page files may have different record counts.

CD-ROM INFORMATION

Both the Line File and the Page Files are included on the CD-ROM.

Data Field Description

In the record layouts that follow, these data format representations are used:

Code	Representation	Meaning	
X	Alphanumeric	Alphabetic and/or numeric data; left justified, space filled.	
N	Numeric	Numeric digits (0-9). The sign is imbedded in the high order or unit position of the field; right justified, zero filled.	
Positive Values		Negative Values	
0 = {	(Hex C0)	-0 = }	(Hex D0)
1 = A	(Hex C1)	-1 = J	(Hex D1)
2 = B	(Hex C2)	-2 = K	(Hex D2)
3 = C	(Hex C3)	-3 = L	(Hex D3)
4 = D	(Hex C4)	-4 = M	(Hex D4)
5 = E	(Hex C5)	-5 = N	(Hex D5)
6 = F	(Hex C6)	-6 = O	(Hex D6)
7 = G	(Hex C7)	-7 = P	(Hex D7)
8 = H	(Hex C8)	-8 = Q	(Hex D8)
9 = I	(Hex C9)	-9 = R	(Hex D9)

All decimals are implied. For example, the format N(8).N(2) represents a 10 digit numeric field with 2 places to the right of the decimal point. The decimal point is not stored with the data value.

There is no packed or binary data on the tape or CD-ROM.

Record Key (Page File)

All record formats are fixed-length and contain a 50-byte key starting in position 1 to identify the facility, report period, and page number of the disclosure report. The format of the record key is given below:

Record Position	Format	Description	Comments
1-10	N(10)	OSHPD Facility No.	
11-20	N(10)	Report Period End Date	From Line 26, Page 1 of the disclosure report. Format: CCYYMMDD where CC = Century YY=Year MM=Month DD=Day
21-30	N(10)	Report Period Begin Date	From Line 25, Page 1 of the disclosure report. Format: CCYYMMDD where CC = Century YY=Year MM=Month DD=Day
31-40	N(10)	Days in Report Period	
41-46	N(6)	Page Number	Refer to Record Layout for page number
47-48	X(2)	Current Disposition	'CP' = Complete 'RT' = Returned 'RC' = Received 'ET' = Extension Active
49-50	X(2)	Unused	Blank

Record Key (Line File)

All record formats are fixed-length and contain a 60-byte key starting in position 1 to identify the facility, report period, page number and line number of the disclosure report. The format of the record key is given below:

Record Position	Format	Description	Comments
1-10	N(10)	OSHPD Facility No.	
11-20	N(10)	Report Period End Date	From Line 26, Page 1 of the disclosure report. Format: CCYYMMDD where CC = Century YY = Year MM = Month DD = Day
21-30	N(10)	Report Period Begin Date disclosure report.	From Line 25, Page 1 of the Format: CCYYMMDD where CC = Century YY = Year MM = Month DD = Day
31-40	N(10)	Days in Report Period	
41-50	N(10)	Page Number Number	Refer to Record Layout for Page
51-60	N(10)	Line Number	Refer to record layout for Line Number

SECTION C

Numeric Format Descriptions

In order to accommodate as many users as possible, OSHPD uses data formats that are universally acceptable. No "packed", COMP or binary data are used.

In the past, two ways of storing data files have been used. They are described below. For magnetic tape, only the EBCDIC format is readily available. For clients who are processing in an ASCII environment, the leading space and hyphen tape can be provided if necessary. For CD-ROM, only the ASCII format is available. If you are unable to process either of these formats, please contact an Analyst at the Healthcare Information Resource Center, (916) 322-2814, to discuss alternatives to allow you to process the data.

EBCDIC Format

EBCDIC is the standard format. The characteristics of this format is "numeric values are right justified, left zero filled with the sign in the high order byte of the right-most character".

The value +12345 is stored as: 000001234E (viewed externally)
 FFFFFFFFFFC (viewed internally)
 0000012345

The value -67899 is stored as: 000006789I
FFFFFFFFFFD
0000067899

For SAS (Statistical Analysis System), a numeric field in this format is considered "ZONED DECIMAL" (ZDw.d).

ASCII Format

ASCII, has these characteristics, "right justified, left space filled with a '-' (hyphen) preceding the most significant non-zero character if value is negative". Files in this format can be provided if necessary.

The value +12345 is stored as: 12345 (viewed externally)
44444FFFFF (viewed internally)
0000012345

The value -67899 is stored as: -67899
44446FFFFF
0000067899

SAS can read this format also. It is considered "NUMERIC" (w.d).

Most languages can process either format; it is a matter of "knowing" how the data is stored and processing it accordingly. Read your language or system documentation or consult your local Information Technology Staff for assistance.

SECTION D

PAGE FILE SUMMARY

<u>MAGNETIC TAPE</u>					<u>CD-ROM</u>	
<u>File Number</u>	<u>Data set name</u>	<u>File Position</u>	<u>Record Size</u>	<u>Block Size</u>	<u>Filename</u>	<u>Approx. Size (KB)</u>
1	SH.LyyP001.CA	2	615	32,595	LyyP001.txt	770
2	SH.LyyP02A.CA	5	1,820	32,760	LyyP02A.txt	2,300
3	SH.LyyP02B.CA	8	1,400	32,200	LyyP02B.txt	1,750
4	SH.LyyP003.CA	11	5,990	29,950	LyyP003.txt	7,500
5	SH.LyyP04A.CA	14	2,610	31,320	LyyP04A.txt	2,000
6	SH.LyyP04C.CA	17	580	32,480	LyyP04C.txt	575
7	SH.LyyP05A.CA	20	2,540	30,480	LyyP05A.txt	3,200
8	SH.LyyP05B.CA	23	2,270	31,780	LyyP05B.txt	2,850
9	SH.LyyP05C.CA	26	3,550	31,950	LyyP05C.txt	2,350
10	SH.LyyP05D.CA	29	4,550	31,850	LyyP05D.txt	3,000
11	SH.LyyP006.CA	32	2,120	31,800	LyyP006.txt	2,500
12	SH.LyyP007.CA	35	2,530	30,360	LyyP007.txt	3,150
13	SH.LyyP008.CA	38	4,180	29,260	LyyP008.txt	4,700
14	SH.LyyP009.CA	41	2,630	31,560	LyyP009.txt	3,300
15	SH.LyyP10A.CA	44	6650	26,600	LyyP10A.txt	7,400
16	SH.LyyP10B.CA	47	1,050	32,550	LyyP10B.txt	1,150
17	SH.LyyP10C.CA	50	4,670	32,690	LyyP10C.txt	5,200
18	SH.LyyP10D.CA	53	6,320	31,600	LyyP10D.txt	5,200
19	SH.LyyP11A.CA	56	3,600	32,400	LyyP11A.txt	3,150
20	SH.LyyP012.CA	59	3,690	29,520	LyyP12.txt	3,800
21	SH.LyyP013.CA	62	1610	32,200	LyyP13.txt	2,300
22	SH.LyyP11B.CA	65	3,800	30,400	LyyP11B.txt	3,800

NOTE:The "yy" refers to the cycle of data. Currently the value should be 23.

LINE FILE SUMMARY

MAGNETIC TAPE

Dataset Name	SH.Lyy.LINE.CA
Sequence of File on Tape	1
Record Length (bytes)	200
Block Length (bytes)	32600 (163 records per block)

CD-ROM

File Name	LyyLNTP.txt
Approx. File Size (KB)	84,000

SECTION E

LINE FILE
SPECIFICATION AND RECORD LAYOUTS

This section provides record layouts for each of the "line" records. The index below identifies the files and references the subsection where the file/record information is located.

The record layout descriptions make reference to specific line and column numbers in the disclosure report form.

Disclosure Report Page	Lines	Format Type	Refer to Page
1	1-3	1(a)	E-3
	4-6	1(b)	E-4
	7-12	1(c)	E-5
	13-18	1(d)	E-6
	19-26	1(e)	E-7
2.1	1-18	2.1(a)	E-8
	25-30	2.1(b)	E-9
2.2	1-27	2.2	E-10
3	5, 35, 60, 65, 185, 221, 325, 335, 355, 360, 370-375	3(a)	E-11
	10-14	3(b)	E-12
	40-44, 160-165	3(c)	E-13
	70, 365	3(d)	E-14
	75, 140-149, 195, 200, 222-229, 366	3(e)	E-15
	76, 205, 367	3(f)	E-16
	77-78, 215, 220, 368, 369	3(g)	E-17
	80-89	3(h)	E-18
	100-104, 180-182	3(i)	E-19
	340-353	3(j)	E-20
	5-175	4.1(a)	E-21
	205-240	4.1(b)	E-22
	5-60	4.3(a)	E-23
	100-175	4.3(b)	E-24
	200-250	4.3(c)	E-25
5.1	5-200	5.1(a)	E-26
	205-215	5.1(b)	E-27
5.2	5-185	5.2	E-28
5.3	1-20	5.3	E-29
5.4	1-50	5.4	E-30

Disclosure Report Page	Lines	Format Type	Refer to Page
6	5-250	6	E-31
7	1-32	7	E-32
8	5-265	8	E-33
9	5-215	9	E-34
10.1	5-190	10.1	E-35
10.2	5-100	10.2	E-36
10.3	5-210	10.3	E-37
10.4	1-57	10.4	E-38
11	5-95	11(a)	E-39
	100-110	11(b)	E-40
12	5-560	12(a)	E-41
	605-630	12(b)	E-42
13	10-105	13	E-43
11.2	5-95	11.2(a)	E-44
	100-110	11.2(b)	E-45

GENERAL INFORMATION

Report Page 1

For Disclosure Report Page 1, Lines 1-3
Format Type: 1(a)

Record Format:

Position	Format	Report Field	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000001	
51-60	N(10)		Line Number = 0000000001	
61-69	X(09)	2	State License Number	
70-78	X(09)	3	Medi-Cal Provider Number	
79-153	X(75)	1	Legal Name of Facility	
154-155	X(02)		Current Disposition	'CP' = Complete 'RT' = Returned 'RC' = Received 'ET' = Extension Active
156-200	X(45)		Not Used	

GENERAL INFORMATION

(continued)

Report Page 1

For Disclosure Report Page 1, Lines 4-6

Format Type: 1(b)

Record Format:

Position	Format	Report Field	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000001	
51-60	N(10)		Line Number = 0000000002	
61-135	X(75)	4	Doing Business As Name	
136-145	X(10)	5	Facility Business Phone	Format: X(3) = Area Code X(7) = Local Number
146-175	X(30)	6	Facility Street Address	'CP' = Complete
176-177	X(02)		Current Disposition	'RT' = Returned 'RC' = Received 'ET' = Extension Active
178-200	X(23)		Not Used	

GENERAL INFORMATION
(continued)

Report Page 1

For Disclosure Report Page 1, Lines 7-12

Format Type: 1(c)

Record Format:

Position	Format	Report Field	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000001	
51-60	N(10)		Line Number = 000000003	
61-80	X(20)	7	Facility City	
81-89	X(09)	8	Facility Zip Code	
90-119	X(30)	9	Mailing Address (Street/P. O. Box)	
120-139	X(20)	10	Mailing Address City	
140-148	X(09)	11	Mailing Address Zip Code	
149-178	X(30)	12	Administrator	
179-180	X(02)		Current Disposition	'CP' = Complete 'RT' = Returned 'RC' = Received 'ET' = Extension Active
181-200	X(20)		Not Used	

GENERAL INFORMATION
(continued)

Report Page 1

For Disclosure Report Page 1, Lines 13-18

Format Type: 1(d)

Record Format:

Position	Format	Report Field	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000001	
51-60	N(10)		Line Number = 000000004	
61-90	X(30)	13	Report Contact Person (RCP)	
91-105	X(15)	14	RCP Phone	Format: X(3) = Area Code X(7) = Local Number X(4) = Extension
106-135	X(30)	15	RCP Mailing Address	
136-155	X(20)	16	RCP City	
156-157	X(02)	17	RCP State	
158-166	X(09)	18	RCP Zip Code	
167-168	X(02)		Current Disposition	'CP' = Complete 'RT' = Returned 'RC' = Received 'ET' = Extension Active
169-200	X(32)		Not Used	

GENERAL INFORMATION
(continued)

Report Page 1

For Disclosure Report Page 1, Lines 19-26

Format Type: 1(e)

Record Format:

Position	Format	Report Field	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000001	
51-60	N(10)		Line Number = 000000005	
61-135	X(75)	19	Previous Name of Facility	
136-141	X(08)	20	Date of Change	Format: CCYYMMDD
142-150	X(09)	21	Previous State License Number	
151-156	X(08)	22	Date of Change	Format: CCYYMMDD
157-165	X(09)	23	Previous Medi-Cal Provider Number	
166-171	X(08)	24	Date of Change	Format: CCYYMMDD
172-179	X(08)	25	Reporting Period Began:	Format: CCYYMMDD
180-187	X(08)	26	Reporting Period Ended:	Format: CCYYMMDD
188-189	X(02)		Current Disposition	'CP' = Complete 'RT' = Returned 'RC' = Received 'ET' = Extension Active
190-200	X(11)		Not Used	

**FACILITY DESCRIPTION AND
OTHER GENERAL INFORMATION**

Report Page 2.1

For Disclosure Report Page 2.1, Lines 1-18

Format Type: 2.1(a)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000021	
51-60	N(10)		Line Numbers = 1-18	
61-70	N(10)	1		1 = Applicable 0 = Not Applicable
71-80	N(10)	2	For lines 1-6, Date Certified	Format: CCYYMMDD
81-90	N(10)	3		1 = Applicable 0 = Not Applicable
91-120	X(30)		Description for lines 9 and 14	
121-200	X(80)		Not Used	

**FACILITY DESCRIPTION AND
OTHER GENERAL INFORMATION**
(continued)

Report Page 2.1

For Disclosure Report Page 2.1, Lines 25-30
Format Type: 2.1(b)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000021	
51-60	N(10)		Line Numbers = 25-30	
61-135	X(75)	1	Description of items which management believes may have a significant effect on the data in this report.	
136-200	X(65)		Not Used	

SERVICES INVENTORY

Report Page 2.2

For Disclosure Report Page 2.2, Lines 1-27

Format Type: 2.2

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000022	
51-60	N(10)		Line Numbers = 1-27	
61-70	N(10)	1	Refer to disclosure report Page 2.2 for valid codes and definitions.	
71-100	X(30)		Description for lines 25-27	
101-200	X(100)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**

Report Page 3

For Disclosure Report Page 3, Lines 5, 35, 60, 65, 185, 221, 325, 335, 355, 360, 370-375
 Record Format: 3(a)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 5, 35, 60, 65, 185, 221, 325, 335, 360, 370-375	
61-70	N(10)	1	Refer to Disclosure Report	*
71-200	X(130)		Not Used	

*For lines 5, 35, 60, 65, 185, 325, 335, 355, 360

1 = Yes

2 = No

For line 65

1 = Parent

2 = Subsidiary

3 = Division

4 = Other

For line 221

N(3) = Area Code

N(7) = Local Number

For lines 370-375

Refer to Disclosure Report

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 10-14
Format Type: 3(b)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 10-14	
61-90	X(30)	1	Refer to Disclosure Report	
91-120	X(30)	2	Refer to Disclosure Report	
121-150	X(30)	3	Refer to Disclosure Report	
151-160	N(10)	4	Refer to Disclosure Report	
161-200	X(40)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 40-44, 160-165,
Format Type: 3(c)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 40, 41, 42, 43, 44, 160, 161, 162, 163, 164, 165	
61-90	X(30)	1	See Disclosure Report	
91-120	X(30)	2	See Disclosure Report	
121-130	N(10)	3	See Disclosure Report	
131-200	X(70)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 70, 365
Format Type: 3(d)

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 70, 365	
61-120	X(60)	1	Refer to Disclosure Report	
121-200	X(80)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Line 75, 140-149, 195, 200, 222-229, 366
Format Type: 3(e)

Record Format:

Position	Format	Report Column	Disclosure	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 75, 140-149, 195, 200, 222-229, 366	
61-90	X(30)	1	Refer to Disclosure Report	
91-200	X(110)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 76, 205, 367
Format Type: 3(f)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 76, 205, 367	
61-80	X(20)	1	City	
81-200	X(120)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 77-78, 215, 220, 368, 369
Format Type: 3(g)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 77-78, 215, 220, 368, 369	
61-70	X(10)	1	Refer to Disclosure Report	
71-200	X(130)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 80-89
Format Type: 3(h)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 80-89	
61-90	X(30)	1	Name	
91-130	X(40)	2	Address	
131-140	N(10)	3	Percent of Ownership	
141-200	X(60)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 100-104, 180-182

Format Type: 3(i)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000003	
51-60	N(10)		Line Numbers = 100-104, 180-182	
61-90	X(30)	1	Name	
91-120	X(30)	2	Title and Functions/Duties	
121-130	N(10)	3	Refer to Disclosure Report	
131-140	N(10)	4	Refer to Disclosure Report	
141-150	N(10)	5	Refer to Disclosure Report	
151-200	X(50)		Not Used	

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

For Disclosure Report Page 3, Lines 340-353
Format Type: 3(j)

Record Format:

Position	Format	Report Column	Disclosure	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000003	
51-60	N(10)		Line Numbers = 340-353	
61-90	X(30)	1	Account Description	
91-100	N(10)	2	Account Number	
101-110	N(10)	3	Amount	
111-140	X(30)	4	Explanation of Allocations	
141-200	X(60)		Not Used	

FACILITY CENSUS AND REVENUE INFORMATION

Report Page 4.1

For Disclosure Report Page 4.1, Lines 5-175

Format Type: 4.1(a)

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000041	
51-60	N(10)		Line Numbers = 5-175	
61-70	N(10)	1	Patient Days - Medicare	
71-80	N(10)	2	Gross Revenue - Medicare	
81-90	N(10)	3	Patient Days - Medi-Cal	
91-100	N(10)	4	Gross Revenue – Medi-Cal	
101-110	N(10)	5	Patient Days – Self-Pay	
111-120	N(10)	6	Gross Revenue – Self-Pay	
121-130	N(10)	7	Patient Days – Other	
131-140	N(10)	8	Gross Revenue – Other	
141-150	N(10)	9	Patient Days – Total	
151-160	N(10)	10	Gross Revenue - Total	
161-200	X(40)		Not Used	

FACILITY CENSUS AND REVENUE INFORMATION

Report Page 4.1

For Disclosure Report Page 4.1, Lines 205-240

Format Type: 4.1(b)

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000041	
51-60	N(10)		Line Numbers = 205-240	
61-70	N(10)		Deductions from Revenue	
71-200	X(130)		Not Used	

OTHER CENSUS AND REVENUE INFORMATION

Report Page 4.3

For Disclosure Report Page 4.3, Lines 5-60

Format Type: 4.3(a)

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000043	
51-60	N(10)		Line Numbers = 5-60	
61-70	N(10)	1	Number (Refer to disclosure report)	
71-200	X(130)		Not Used	

Note: Line 60 is in the format of N(8).N(2), rather than N(10).

OTHER CENSUS AND REVENUE INFORMATION

Report Page 4.3

For Disclosure Report Page 4.3, Lines 100-175

Format Type: 4.3(b)

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000043	
51-60	N(10)		Line Numbers = 100-175	
61-70	N(10)	1	Number (Refer to disclosure report)	
71-80	N(10)	2	Total Medi-Cal (Refer to disclosure report)	
81-200	X(130)		Not Used	

OTHER CENSUS AND REVENUE INFORMATION

Report Page 4.3

For Disclosure Report Page 4.3, Lines 200-250

Format Type: 4.3(c)

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000043	
51-60	N(10)		Line Numbers = 200-250	
61-70	N(10)	1	Amount (Refer to disclosure report)	
71-200	X(130)		Not Used	

BALANCE SHEET - GENERAL FUND

Report Page 5.1

For Disclosure Report Page 5.1, Lines 5-200

Format Type: 5.1(a)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000051	
51-60	N(10)		Line Numbers = 5-200	
61-70	N(10)	1	Current Reporting Period	
71-80	N(10)	2	Prior Reporting Period	
81-90	N(10)	3	Adjustments and Reclassifications	
91-100	N(10)	4	Adjusted Balance Current Period	
101-110	N(10)	5	Adjusted Balance Prior Period	
111-200	X(90)		Not Used	

BALANCE SHEET - GENERAL FUND
(continued)

Report Page 5.1

For Disclosure Report Page 5.1, Lines 205-215
Format Type: 5.1(b)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000051	
51-60	N(10)		Line Numbers = 205-215	
61-70	N(10)	1	Current Reporting Period	
71-80	N(10)	2	Prior Reporting Period	
91-200	X(110)		Not Used	

**BALANCE SHEET
GENERAL FUND AND WORKSHEET
FOR COMPUTATION OF EQUITY CAPITAL**

Report Page 5.2

For Disclosure Report Page 5.2, Lines 5-185

Format Type: 5.2

Record Format:

Position	Report Format	Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000052	
51-60	N(10)		Line Numbers = 5-185	
61-70	N(10)	1	Current Reporting Period	
71-80	N(10)	2	Prior Reporting Period	
81-90	N(10)	3	Adjustments and Reclassifications	
91-100	N(10)	4	Adjusted Balance Current Period	
101-110	N(10)	5	Adjusted Balance Prior Period	
111-200	X(90)		Not Used	

SUPPLEMENTAL LONG-TERM DEBT INFORMATION

Report Page 5.3

For Disclosure Report Page 5.3, Lines 1-20

Format Type: 5.3

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000053	
51-60	N(10)		Line Numbers = 1-20	
61-70	N(10)	1	Detail for Page 5.2, Column 1, Line No.	
71-80	N(10)	2	Date Obligation Occurred	Year Only--19YY
81-90	N(10)	3	Principal Amount at Date of Obligation	
91-100	N(10)	4	Due Date	Year Only--19YY
101-110	N(8).N(2)	5	Interest Rate	
111-120	N(10)	6	Unpaid Principal	
121-200	X(80)		Not Used	

**ADJUSTMENTS AND RECLASSIFICATION TO
BALANCE SHEET FOR COMPUTATION OF RETURN ON
EQUITY CAPITAL**

Report Page 5.4

For Disclosure Report Page 5.4, 1-50

Format Type: 5.4

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000054	
51-60	N(10)		Line Numbers = 1-50	
61-90	X(30)	1	Description	
91-100	N(10)	2	Page 5.1 and Page 5.2 Line No.	
101-110	N(10)	3	Amount Increase (Decrease)	
111-140	X(30)	4	Explanation of Adjustment	
141-200	X(60)		Not Used	

BALANCE SHEET--RESTRICTED FUNDS

Report Page 6

For Disclosure Report Page 6, Lines 5-250

Format Type: 6

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000006	
51-60	N(10)		Line Numbers = 5-250	
61-70	N(10)	1	Current Period	
71-80	N(10)	2	Prior Period	
81-90	N(10)	3	Current Period	
91-100	N(10)	4	Prior Period	
101-110	N(10)	5	Amount in parentheses on line label, lines 10, 15, 110, 210, 215	
111-140	X(30)		Description for line 210	
141-200	X(60)		Not Used	

STATEMENT OF CHANGES IN EQUITY

Report Page 7

For Disclosure Report Page 7, Lines 1-32

Format Type: 7

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000007	
51-60	N(10)		Line Numbers = 1-32	
61-70	N(10)	1	Total Equity	
71-80	N(10)	2	Plant Replacement and Expansion	
81-90	N(10)	3	Specific Purpose	
91-100	N(10)	4	Endowment	
101-130	X(30)		Description for lines 3-6, 21, 22, 27-30	
131-200	X(70)		Not Used	

STATEMENT OF INCOME--GENERAL FUND

Report Page 8

For Disclosure Report Page 8, Lines 5-265

Format Type: 8

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000008	
51-60	N(10)		Line Numbers = 5-265	
61-70	N(10)	1	Current Period	
71-80	N(10)	2	Prior Period	
81-90	N(10)	3	Data only for line 210. See item at bottom of report form about residential revenues/expenses.	1 = yes (checked) 0 = no (not checked)
91-200	X(110)		Not Used	

STATEMENT OF CASH FLOWS--GENERAL FUND

Report Page 9

For Disclosure Report Page 9, Lines 5-215

Format Type: 9

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000009	
51-60	N(10)		Line Numbers = 5-215	
61-70	N(10)	1	Current Period	
71-80	N(10)	2	Prior Period	
81-110	X(30)		Description for lines 90, 115-135, 175-195	
111-200	X(90)		Not Used	

EXPENSE TRIAL BALANCE WORKSHEET

Report Page 10.1

For Disclosure Report Page 10.1, Lines 5-190

Format Type: 10.1

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000101	
51-60	N(10)		Line Numbers = 5-190	
61-70	N(10)	1	Salaries and Wages	
71-80	N(10)	2	Employee Benefits	
81-90	N(10)	3	Other Expenses	
91-100	N(10)	4	Total Expenses (Sum of Cs. 1, 2, 3)	
101-110	N(10)	5	Amounts Directly Assignable to Residential Care	
111-120	N(10)	6	Amounts Directly Assignable to Health Care	
121-130	N(10)	7	Balance to be Apportioned (C4 - (C5 + C6))	
131-140	N(4).N(6)	8	Apportionment Factor for Residential Care Portion	
141-150	N(10)	9	Amounts Apportioned to Residential Care (C7 x C8)	
151-160	N(10)	10	Total Health Care Portion (C4 - (C5 + C9))	
161-170	N(10)	11	Adjustments for Other Operating Revenue (From P. 10.2)	
171-180	N(10)	12	Adjusted Direct Expense (C10 - C11)	
181-190	N(10)	13	Adjustments to Expenses for Medi-Cal (From P. 10.3)	
191-200	N(10)	14	Adjusted Trial Balance for Medi-Cal (C10 + C13)	

Note: Every possible column for the lines on this page has been defined in this record description. However, there are a number of shaded columns that indicate that no data should be entered. Also, lines 180, 185 and 190 have only a limited number of columns. Please refer to the report form to identify invalid columns.

**ADJUSTMENTS TO TRAIL BALANCE EXPENSES
FOR OTHER OPERATING REVENUE OFFSET**

Report Page 10.2

For Disclosure Report Page 10.2, Lines 5-100

Format Type: 10.2

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000102	
51-60	N(10)		Line Numbers = 5-100	
61-70	N(10)	1	Amount	
71-100	X(30)		Description for lines 85-95	
101-200	X(100)		Not Used	

ADJUSTMENTS TO TRAIL BALANCE EXPENSES
(Medi-Cal Providers, Only)

Report Page 10.3

For Disclosure Report Page 10.3, Lines 5-210

Format Type: 10.3

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000103	
51-60	N(10)		Line Numbers = 5-210	
61-70		1	Contains no data. The descriptions for the data lines are contained in this column on the form.	
71-80	N(10)	2	Page 10.1 Trial Balance Line No.	
81-90	X(10)	3	Basis	
91-100	N(10)	4	Amount Increase (Decrease)	
101-110	N(10)	5	Health Care Portion	
111-140	X(30)	6	Explanation of Adjustment	
141-170	X(30)		Description for lines 140, 175, 180	
171-200	X(30)		Not Used	

**ADJUSTMENTS TO TRAIL BALANCE
EXPENSES - SUPPLEMENTAL**

Report Page 10.4

For Disclosure Report Page 10.4, Lines 1-57
Format Type: 10.4

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000104	
51-60	N(10)		Line Numbers = 1-57	
61-90	X(30)	1	Description (Specify)	
91-100	N(10)	2	Page 10.1 Trial Balance Line No.	
101-110	X(10)	3	Basis (Cost or Amount Received)	
111-120	N(10)	4	Amount Increase (Decrease)	
121-130	N(10)	5	Health Care Portion	
131-160	X(30)	6	Explanation of Adjustment	
161-200	X(40)		Not Used	

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS - HEALTH CARE ONLY**

Report Page 11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85.
Medi-Cal providers must complete the entire page.)

For Disclosure Report Page 11, Lines 5-95

Format Type: 11(a)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000111	
51-60	N(10)		Line Numbers = 5-95	
61-70	N(10)	1	Expenses from P. 10.1, Column 14	
71-80	N(10)	2	Plant Operations and Maintenance through Interest - Other (Basis - Square Feet)	
81-90	N(10)	3	Plant Operations and Maintenance through Interest - Other (Amount)	
91-100	N(10)	4	Laundry and Linen (Basis - Clean, Dry Pounds)	
101-110	N(10)	5	Laundry and Linen (Amount)	
111-120	N(10)	6	Dietary (Basis - Number of Patient Meals)	
121-130	N(10)	7	Dietary (Amount)	
131-140	N(10)	8	Social Services, Activities, and Inservice Education - Nursing (Basis - Direct Expenses)	
141-150	N(10)	9	Social Services, Activities, and Inservice Education - Nursing (Amount)	
151-160	N(10)	10	Administration (Basis - Accumulated Costs) (Cs. 1, 3, 5, 7, & 9)	
161-170	N(10)	11	Administration (Amount)	
171-180	N(10)	12	Total Expenses All Patient Services (Sum of Columns 10 and 11)	
181-200	X(20)		Not Used	

Note: Line 90, columns 2, 4, 6, 8 and 10, are in the format N(4).N(6), rather than N(10).

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS - HEALTH CARE ONLY** (continued)

Report Page 11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85.
Medi-Cal providers must complete the entire page.)

For Disclosure Report Page 11, Lines 100-110

Format Type: 11(b)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000111	
51-60	N(10)		Line Numbers = 100-110	
61-70	N(10)	1	Skilled Nursing	
71-80	N(10)	2	Intermediate Care	
81-90	N(10)	3	Mentally Disordered	
91-100	N(10)	4	Developmentally Disabled	
101-110	N(10)	5	Sub-Acute Care	
111-120	N(10)	6	Sub-Acute Care - Pediatric	
121-130	N(10)	7	Transitional Inpatient Care	
131-140	N(10)	8	Hospice Inpatient Care	
141-150	N(10)	9	Other Routine Services	
151-200	X(50)		Not Used	

Note: Line 110 is in the format N(8).N(2), rather than N(10).

LABOR REPORT

Report Page 12

For Disclosure Report Page 12, Lines 5-560

Format Type: 12(a)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000012	
51-60	N(10)		Line Numbers = 5-560	
61-70	N(10)	1	Productive Hours	
71-80	N(10)	2	Salaries and Wages/Amount Paid	
81-90	N(8).N(2)	3	Hourly Average	
91-200	X(110)		Not Used	

LABOR REPORT

Report Page 12

For Disclosure Report Page 12, Lines 605-630

Format Type: 12(b)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000012	
51-60	N(10)		Line Numbers = 605-630	
61-70	N(10)	1	All Employees	
71-80	N(10)	2	Direct Nursing Employees	
81-90	N(10)	3	Nurse Assistants	
Note: Line 625, columns 1, 2, and 3, is in the format N(8).N(2), rather than N(10)				
91-200	X(110)		Not Used	

**COMPUTATION OF ANCILLARY SERVICES
COST PER PATIENT DAY**
(Special Care Program Contract Providers Only)

Report Page 13

For Disclosure Report Page 13, Lines 10-105

Format Type: 13

Report Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 000000013	
51-60	N(10)		Line Numbers = 10-105	
61-70	N(10)	1	Allowable Cost – Total	
71-80	N(10)	2	Gross Revenue – Total	
81-90	N(4).N(6)	3	Ratio – Total	
91-100	N(10)	4	Gross Ancillary Revenue – Sub-Acute Care	
101-110	N(10)	5	Allowable Cost – Sub-Acute Care	
111-120	N(8).N(2)	6	Per Sub-Acute Care Day	
121-130	N(10)	7	Gross Ancillary Revenue – Sub-Acute Care – Pediatric	
131-140	N(10)	8	Allowable Cost – Sub-Acute Care – Pediatric	
141-150	N(8).N(2)	9	Per Sub-Acute Care – Pediatric Day	
151-160	N(10)	10	Gross Ancillary Revenue – Transitional Inpatient Care	
161-170	N(10)	11	Allowable Cost – Transitional Inpatient Care	
171-180	N(8).N(2)	12	Per Transitional Inpatient Care Day	
181-200	X(20)		Not Used	

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS--HEALTH CARE ONLY**
(For OSHPD Disclosure Purposes)

Report Page 11.2

For Disclosure Report Page 11.2, Lines 5-95

Format Type: 11.2(a)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000112	
51-60	N(10)		Line Numbers = 5-95	
61-70	N(10)	1	Expenses from P. 10.1, Col 12	
71-80	N(10)	2	Plant Operations and Maintenance thru Interest - Other (Basis - Square Feet)	
81-90	N(10)	3	Plant Operations and Maintenance thru Interest - Other (Amount)	
91-100	N(10)	4	Laundry and Linen (Basis - Clean, Dry Pounds)	
101-110	N(10)	5	Laundry and Linen (Amount)	
111-120	N(10)	6	Dietary (Basis - Number of Patient Meals)	
121-130	N(10)	7	Dietary (Amount)	
131-140	N(10)	8	Provision for Bad Debts (Basis - Self-pay Revenue)	
141-150	N(10)	9	Provision for Bad Debts (Amount)	
151-160	N(10)	10	Social Services, Activities, and Inservice Education - Nursing (Basis - Direct Expenses)	
161-170	N(10)	11	Social Services, Activities, and Inservice Education - Nursing (Amount)	
171-180	N(10)	12	Administration (Basis - Accumulated Costs) (Cs. 1, 3, 5, 7, 9 & 11)	
181-190	N(10)	13	Administration (Amount)	
191-200	N(10)	14	Total Expenses All Patient Services (Sum of cols. 12 & 13)	

Note: Line 90, columns 2, 4, 6, 8, 10 and 12 are in the format N(4).N(6), rather than N(10).

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS--HEALTH CARE ONLY** (continued)
(For OSHPD Disclosure Purposes)

Report Page 11.2

For Disclosure Report Page 11.2, Lines 100-110
Format Type: 11.2(b)

Record Format:

Position	Format	Report Column	Description	Comments
1-10	N(10)		OSHPD Facility Number	
11-20	N(10)		Report Period End Date	Format: CCYYMMDD
21-30	N(10)		Report Period Begin Date	Format: CCYYMMDD
31-40	N(10)		Days in Report Period	
41-50	N(10)		Page Number = 0000000112	
51-60	N(10)		Line Numbers = 100-110	
61-70	N(10)	1	Skilled Nursing	
71-80	N(10)	2	Intermediate Care	
81-90	N(10)	3	Mentally Disordered	
91-100	N(10)	4	Developmentally Disabled	
101-110	N(10)	5	Sub-Acute Care	
111-120	N(10)	6	Sub-Acute Care - Pediatric	
121-130	N(10)	7	Transitional Inpatient Care	
131-140	N(10)	8	Hospice Inpatient Care	
141-150	N(10)	9	Other Routine Services	
151-200	X(50)		Not Used	

Note: Line 110, all columns are in the format N(8).N(2), rather than N(10).

SECTION F

PAGE FILE SPECIFICATIONS AND RECORD LAYOUTS

This section provides file specifications and record layouts for each of the "page" files. The index below identifies the files and references the subsection where the file/record information is located.

As a preview, each file documentation includes file information (dataset name, record length, blocksize, etc.), followed by a record layout/description, and if necessary, a table giving the starting position of each line of data when there are multiple lines (or occurrences) with the same format. The record layout descriptions make reference to specific line and column numbers in the disclosure report form.

	Refer to Page:
Disclosure Report Page	
1 General Information and Certification	F-2
2.1 Facility Description and Other General Information	F-3
2.2 Services Inventory	F-5
3 Related Persons and Organizations and Other Information	F-6
4.1 Facility Census and Revenue Information	F-11
4.3 Other Census and Revenue Information	F-13
5.1 Balance Sheet--General Fund	F-14
5.2 Balance Sheet--General Fund	F-16
5.3 Supplemental Long-term Debt Information	F-18
5.4 Adjustments and Reclassification to Balance Sheet for Computation of Return on Equity Capital (Medi-Cal Providers, Only)	F-19
6 Balance Sheet--Restricted Funds	F-21
7 Statement of Changes in Equity	F-22
8 Statement of Income--General Fund	F-23
9 Statement of Cash Flows--General Fund	F-25
10.1 Expense Trial Balance Worksheet	F-26
10.2 Adjustments to Trial Balance Expenses for Other Operating Revenue Offset	F-28
10.3 Adjustments to Trial Balance Expenses (Medi-Cal Providers, Only)	F-29
10.4 Adjustments to Trial Balance Expenses - Supplemental (Medi-Cal Providers, Only)	F-31
11 Allocation of Indirect Costs To Direct Cost Centers - Health Care Only	F-33
12 Labor Report	F-35
13 Computation of Ancillary Services – Cost Per Patient Day (Special Care Programs Contract Providers Only)	F-38
11.2 Allocation of Indirect Costs to Direct Cost Center - Health Care Only (For OSHPD Disclosure Purposes)	F-40

GENERAL INFORMATION

Report Page 1

Dataset Name (Tape) SH.LyyP001.CA
Filename (CD-ROM) LyyP001.txt
Sequence of File (Tape) 1
Record Length (bytes) 609
Block Length (bytes) 32,277 (53 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000001
1	51-125	X(75)	Legal Name of Facility	
2	126-134	X(09)	State License No.	
3	135-143	X(09)	Medi-Cal Provider No.	
4	144-218	X(75)	Doing Business As Name	
5	219-228	X(10)	Facility Business Phone	Format: X(3) = Area Code X(7) = Local Number
6	229-258	X(30)	Facility Street Address	
7	259-278	X(20)	Facility City	
8	279-287	X(09)	Facility Zip Code	
9	288-317	X(30)	Mailing Address (Street/P.O. Box)	
10	318-337	X(20)	Mailing Address City	
11	338-346	X(09)	Mailing Address Zip Code	
12	347-376	X(30)	Administrator	
13	377-406	X(30)	Report Contact Person (RCP)	
14	407-421	X(15)	RCP Phone	Format: X(3) = Area Code X(7) = Local Number X(4) = Extension
15	422-451	X(30)	RCP Mailing Address	
16	452-471	X(20)	RCP City	
18	472-480	X(09)	RCP Zip Code	
19	481-555	X(75)	Previous Facility Name	
20	556-561	X(06)	Date of Change	Format: YYMMDD
21	562-570	X(09)	Previous State License No.	
22	571-576	X(06)	Date of Change	Format: YYMMDD
23	577-585	X(09)	Previous Medi-Cal No.	
24	586-591	X(06)	Date of Change	Format: YYMMDD
25	592-599	X(08)	Reporting Period Began	Format: CCYYMMDD
26	600-607	X(08)	Reporting Period Ended	Format: CCYYMMDD
17	608-609	X(02)	RCP State	

**FACILITY DESCRIPTION AND
OTHER GENERAL INFORMATION**

Report Page 2.1

Dataset Name (Tape)	SH.LyyP02A.CA
Filename (CD-ROM)	LyyP02A.txt
Sequence of File (Tape)	2
Record Length (bytes)	1,820
Block Length (bytes)	32,760 (18 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000021
1-18	51-1310	N(10) N(10) N(10) N(10) X(30)	The following format occurs 18 times: Line Number Column 1 Column 2 Column 3 Other (Specify)	Values 1-18 1=Applicable 0=Not Applicable Format: YYYYMMDD 1=Applicable 0=Not Applicable Description for lines 9 and 14
25-30	1311-1820	N(10) X(75)	The following format occurs 6 times: Line Number Description of items which management believes may have a significant effect on the data in this report.	Values 25-30

**FACILITY DESCRIPTION AND
OTHER GENERAL INFORMATION**
(continued)

Report Page 2.1

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	13	891	70
1	51	70	14	961	70
2	121	70	15	1031	70
3	191	70	16	1101	70
4	261	70	17	1171	70
5	331	70	18	1241	70
6	401	70	25	1311	85
7	471	70	26	1396	85
8	541	70	27	1481	85
9	611	70	28	1566	85
10	681	70	29	1651	85
11	751	70	30	1736	85
12	821	70			

SERVICES INVENTORY

Report Page 2.2

Dataset Name (Tape) SH.LyyP02B.CA
Filename (CD-ROM) LyyP02B.txt
Sequence of File (Tape) 3
Record Length (bytes) 1,400
Block Length (bytes) 32,200 (23 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments									
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000022									
1-27	51-1400	The following format occurs 27 times: <table><thead><tr><th>N(10)</th><th>Line Number</th><th>Values 1-27</th></tr><tr><th>N(10)</th><th>Column 1</th><th>Refer to disclosure report Page 2.2 for valid codes and definitions.</th></tr></thead><tbody><tr><td>X(30)</td><td>Other(Specify)</td><td>Description for lines 25-27</td></tr></tbody></table>			N(10)	Line Number	Values 1-27	N(10)	Column 1	Refer to disclosure report Page 2.2 for valid codes and definitions.	X(30)	Other(Specify)	Description for lines 25-27
N(10)	Line Number	Values 1-27											
N(10)	Column 1	Refer to disclosure report Page 2.2 for valid codes and definitions.											
X(30)	Other(Specify)	Description for lines 25-27											

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	14	701	50
1	51	50	15	751	50
2	101	50	16	801	50
3	151	50	17	851	50
4	201	50	18	901	50
5	251	50	18	951	50
6	301	50	20	1001	50
7	351	50	21	1051	50
8	401	50	22	1101	50
9	451	50	23	1151	50
10	501	50	24	1201	50
11	551	50	25	1251	50
12	601	50	26	1301	50
13	651	50	27	1351	50

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**

Report Page 3

Dataset Name (Tape)	SH.LyyP003.CA
Filename (CD-ROM)	LyyP003.txt
Sequence of File (Tape)	4
Record Length (bytes)	5,990
Block Length (bytes)	29,950 (5 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000003
5	51-70	N(10) N(10)	Line Number Column 1	Value 5 Refer to disclosure report 1=yes 2=no
10-14	71-620	The following format occurs 5 times: N(10) X(30) X(30) X(30) N(10)	Line Number Column 1 Column 2 Column 3 Column 4	Values 10-14 Refer to disclosure report Refer to disclosure report Refer to disclosure report Refer to disclosure report
35	621-640	N(10) N(10)	Line Number Column 1	Value 35 Refer to disclosure report 1=yes 2=no
40-44	641-1040	The following format occurs 5 times: N(10) X(30) X(30) N(10)	Line Number Column 1 Column 2 Column 3	Value 40-44 Refer to disclosure report Refer to disclosure report Refer to disclosure report
60	1041-1060	N(10) N(10)	Line Number Column 1	Value 60 Refer to disclosure report
65	1061-1080	N(10) N(10)	Line Number Column 1	Value 65 Refer to disclosure report 1=Parent 2=Subsidiary 3=Division 4=Other
70	1081-1150	N(10) X(60)	Line Number Column 1	Value 70 Refer to disclosure report

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

75	1151-1190	N(10) X(30)	Line Number Column 1	Value 75 Refer to disclosure report
76	1191-1220	N(10)	Line Number	Value 76
77	1221-1240	X(20) N(10) X(10)	Column 1 Line Number Column 1	Refer to disclosure report Value 77 Refer to disclosure report
78	1241-1260	N(10) X(10)	Line Number Column 1	Value 78 Refer to disclosure report
80-89	1261-2160	The following format occurs 10 times: N(10) X(30) X(40) N(10)	Line Number Column 1 Column 2 Column 3	Values 80-89 Refer to disclosure report Refer to disclosure report Refer to disclosure report
100-104	2161-2660	The following format occurs 5 times: N(10) X(30) X(30) N(10) N(10) N(10)	Line Number Column 1 Column 2 Column 3 Column 4 Column 5	Values 100-104 Refer to disclosure report Refer to disclosure report Refer to disclosure report Refer to disclosure report Refer to disclosure report
140-149	2661-3060	The following format occurs 10 times: N(10) X(30)	Line Number Column 1	Values 140-149 Refer to disclosure report
160-165	3061-3540	The following format occurs 6 times: N(10) X(30) X(30) N(10)	Line Number Column 1 Column 2 Column 3	Values 160-165 Refer to disclosure report Refer to disclosure report Refer to disclosure report
180-182	3541-3840	The following format occurs 3 times: N(10) X(30) X(30) N(10) N(10) N(10)	Line Number Column 1 Column 2 Column 3 Column 4 Column 5	Values 180-182 Refer to disclosure report Refer to disclosure report Refer to disclosure report Refer to disclosure report Refer to disclosure report

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

185	3841-3860	N(10) N(10)	Line Number Column 1	Value 185 Refer to disclosure report 1=yes 2=no
195	3861-3900	N(10) X(30)	Line Number Column 1	Value 195 Refer to disclosure report
200	3901-3940	N(10) X(30)	Line Number Column 1	Value 200 Refer to disclosure report
205	3941-3970	N(10) X(20)	Line Number Column 1	Value 205 Refer to disclosure report
215	3971-3990	N(10) X(10)	Line Number Column 1	Value 215 Refer to disclosure report
220	3991-4010	N(10) X(10)	Line Number Column 1	Value 220 Refer to disclosure report
221	4011-4030	N(10) N(10)	Line Number Column 1	Value 221 Refer to disclosure report
222-229	4031-4350	The following format occurs 8 times. N(10) X(30)	Line Number Column 1	Values 222-229 Refer to disclosure report
325	4351-4370	N(10) N(10)	Line Number Column 1	Value 325 Refer to disclosure report 1=yes 2=no
335	4371-4390	N(10) N(10)	Line Number Column 1	Value 335 Refer to disclosure report 1=yes 2=no
340-353	4391-5650	The following format occurs 14 times. N(10) X(30) N(10) N(10) X(30)	Line Number Column 1 Column 2 Column 3 Column 4	Values 340-353 Account Description Account Number Amount Explanation of Allocations
355	5651-5670	N(10) N(10)	Line Number Column 1	Value 355 Refer to disclosure report 1=yes 2=no
360	5671-5690	N(10) N(10)	Line Number Column 1	Value 360 Refer to disclosure report 1=yes 2=no

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

365	5691-5760	N(10) X(60)	Line Number Column 1	Value 365 Refer to disclosure report
366	5761-5800	N(10) X(30)	Line Number Column 1	Value 366 Refer to disclosure report
367	5801-5830	N(10) X(20)	Line Number Column 1	Value 367 Refer to disclosure report
368	5831-5850	N(10) X(10)	Line Number Column 1	Value 368 Refer to disclosure report
369	5851-5870	N(10) X(10)	Line Number Column 1	Value 369 Refer to disclosure report
370-375	5871-5990	The following format occurs 6 times. N(10) N(10)	Line Number Column 1	Values 370-375 Refer to disclosure report

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	80	1261	90
5	51	20	81	1351	90
10	71	110	82	1441	90
11	181	110	83	1531	90
12	291	110	84	1621	90
13	401	110	85	1711	90
14	511	110	86	1801	90
35	621	20	87	1891	90
40	641	80	88	1981	90
41	721	80	89	2071	90
42	801	80	100	2161	100
43	881	80	101	2261	100
44	961	80	102	2361	100
60	1041	20	103	2461	100
65	1061	20	104	2561	100
70	1081	70	140	2661	40
75	1151	40	141	2701	40
76	1191	30	142	2741	40
77	1221	20	143	2781	40
78	1241	20	144	2821	40

**RELATED PERSONS AND ORGANIZATIONS
AND OTHER INFORMATION**
(continued)

Report Page 3

145	2861	40	325	4351	20
146	2901	40	335	4371	20
147	2941	40	340	4391	90
148	2981	40	341	4481	90
149	3021	40	342	4571	90
160	3061	80	343	4661	90
161	3141	80	344	4751	90
162	3221	80	345	4841	90
163	3301	80	346	4931	90
164	3381	80	347	5021	90
165	3461	80	348	5111	90
180	3541	100	349	5201	90
181	3641	100	350	5291	90
182	3741	100	351	5381	90
185	3841	20	352	5471	90
195	3861	40	353	5561	90
200	3901	40	355	5651	20
205	3941	30	360	5671	20
215	3971	20	365	5691	70
220	3991	20	366	5761	40
221	4011	20	367	5801	30
222	4031	40	368	5831	20
223	4071	40	369	5851	20
224	4111	40	370	5871	20
225	4151	40	371	5891	20
226	4191	40	372	5911	20
227	4231	40	373	5931	20
228	4271	40	374	5951	20
229	4311	40	375	5971	20

FACILITY CENSUS AND REVENUE INFORMATION

Report Page 4.1

Dataset Name (Tape)	SH.LyyP04A.CA
Filename (CD-ROM)	LyyP04A.txt
Sequence of File (Tape)	5
Record Length (bytes)	2,610
Block Length (bytes)	31,320 (12 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000041
5-175	51-2470	N(10)	The following format occurs 22 times: Line Number	Values 5-175
		N(10)	Column 1	Patient Days - Medicare
		N(10)	Column 2	Gross Revenue - Medicare
		N(10)	Column 3	Patient Days – Medi-Cal
		N(10)	Column 4	Gross Revenue – Medi-Cal
		N(10)	Column 5	Patient Days – Self-Pay
		N(10)	Column 6	Gross Revenue – Self-Pay
		N(10)	Column 7	Patient Days – Other
		N(10)	Column 8	Gross Revenue – Other
		N(10)	Column 9	Patient Days – Total
		N(10)	Column 10	Gross Revenue – Total
205-240	2471-2610	N(10)	The following format occurs 7 times: Line Number	Values 205-240
		N(10)	Column 1	Deductions from Revenue

FACILITY CENSUS AND REVENUE INFORMATION
(continued)

Report Page 4.1

Error! Not a valid link.

OTHER CENSUS AND REVENUE INFORMATION

Report Page 4.3

Dataset Name (Tape)	SH.LyyP04C.CA
Filename (CD-ROM)	LyyP04C.txt
Sequence of File (Tape)	6
Record Length (bytes)	580
Block Length (bytes)	32,480 (56 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000043
5-60	51-190	The following format occurs 7 times: N(10) N(10) N(10) N(10)	Line Number Column 1	Values 5-60 Number
100-175	191-460	The following format occurs 9 times: N(10) N(10) N(10) N(10)	Line Number Column 1 Column 2	Values 100-175 Patient Days (Special Care) - Total Patient Days (Special Care) - Medi-
Cal				
200-250	461-580	The following format occurs 6 times: N(10) N(10)	Line Number Column 1	Values 200-250 Amount
Line No.	Beginning Position	Length (Bytes)	Line No.	Beginning Position
Key	1	50	145	311
5	51	20	150	341
10	71	20	165	371
20	91	20	170	401
25	111	20	175	431
40	131	20	200	461
45	151	20	205	481
60	171	20	210	501
100	191	30	215	521
115	221	30	240	541
120	251	30	250	561
130	281	30		

BALANCE SHEET - GENERAL FUND

Report Page 5.1

Dataset Name (Tape)	SH.LyyP05A.CA
Filename (CD-ROM)	LyyP05A.txt
Sequence of File (Tape)	7
Record Length (bytes)	2,540
Block Length (bytes)	30,480 (12 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000051
5-200	51-2450	The following format occurs 40 times: N(10) Line Number Values 5-200 N(10) Column 1 Current Reporting Period N(10) Column 2 Prior Reporting Period N(10) Column 3 Adjustments and Reclassifications N(10) Column 4 Adjusted Balance Current Period N(10) Column 5 Adjusted Balance Prior Period		
205-215	2451-2540	The following format occurs 3 times: N(10) Line Number Values 205-215 N(10) Column 1 Current Reporting Period N(10) Column 2 Prior Reporting Period		

BALANCE SHEET - GENERAL FUND
 (continued)

Report Page 5.1

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	110	1311	60
5	51	60	115	1371	60
10	111	60	120	1431	60
15	171	60	125	1491	60
20	231	60	130	1551	60
25	291	60	135	1611	60
30	351	60	140	1671	60
35	411	60	145	1731	60
40	471	60	150	1791	60
45	531	60	155	1851	60
50	591	60	160	1911	60
55	651	60	165	1971	60
60	711	60	170	2031	60
65	771	60	175	2091	60
70	831	60	180	2151	60
75	891	60	185	2211	60
80	951	60	190	2271	60
85	1011	60	195	2331	60
90	1071	60	200	2391	60
95	1131	60	205	2451	30
100	1191	60	210	2481	30
105	1251	60	215	2511	30

BALANCE SHEET - GENERAL FUND

Report Page 5.2

Dataset Name (Tape) SH.LyyP05B.CA
Filename (CD-ROM) LyyP05B.txt
Sequence of File (Tape) 8
Record Length (bytes) 2,270
Block Length (bytes) 31,780 (14 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000052
5-185	51-2270	The following format occurs 37 times: N(10) N(10) N(10) N(10) N(10)	Line Number Column 1 Column 2 Column 3 Column 4 Column 5	Values 5-185 Current Reporting Period Prior Reporting Period Adjustments and Reclassifications Adjusted Balance Current Period Adjusted Balance Prior Period

BALANCE SHEET - GENERAL FUND
(continued)

Report Page 5.2

Line No.	Beginning Position	Length (Bytes)	Line No.	Beginning Position	Length (Bytes)
Key	1	50	95	1131	60
5	51	60	100	1191	60
10	111	60	105	1251	60
15	171	60	110	1311	60
20	231	60	115	1371	60
25	291	60	120	1431	60
30	351	60	125	1491	60
35	411	60	130	1551	60
40	471	60	135	1611	60
45	531	60	140	1671	60
50	591	60	145	1731	60
55	651	60	150	1791	60
60	711	60	155	1851	60
65	771	60	160	1911	60
70	831	60	165	1971	60
75	891	60	170	2031	60
80	951	60	175	2091	60
85	1011	60	180	2151	60
90	1071	60	185	2211	60

SUPPLEMENTAL LONG-TERM DEBT INFORMATION

Report Page 5.3

Dataset Name (Tape)	SH.LyyP05C.CA
Filename (CD-ROM)	LyyP05C.txt
Sequence of File (Tape)	9
Record Length (bytes)	3,550
Block Length (bytes)	31,950 (9 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed period)	Page Number 000053
1-20	51-1450	The following format occurs 20 times:		
		N(10)	Line Number	Values 1-20
		N(10)	Column 1	Detail for Page 5.2
		N(10)	Column 2	Column 1, Line No.
		N(10)	Column 3	Date Obligation incurred (Year Only--19YY)
		N(10)	Column 4	Principal Amount at Date of Obligation
		N(8).N(2)	Column 5	Due Date (Year Only-19YY)
		N(10)	Column 6	Interest Rate (2 places to the right of the decimal)
			Unused	Unpaid Principal
1451-3550				
Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position
Key	1	50	11	751
1	51	70	12	821
2	121	70	13	891
3	191	70	14	961
4	261	70	15	1031
5	331	70	16	1101
6	401	70	17	1171
7	471	70	18	1241
8	541	70	19	1311
9	611	70	20	1381
10	681	70		

**ADJUSTMENTS AND RECLASSIFICATIONS TO
BALANCE SHEET FOR COMPUTATION OF RETURN ON
EQUITY CAPITAL**
(Medi-Cal Providers, Only)

Report Page 5.4

Dataset Name (Tape) SH.LyyP05D.CA
Filename (CD-ROM) LyyP05D.txt
Sequence of File (Tape) 10
Record Length (bytes) 4,550
Block Length (bytes) 31,850 (7 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments															
KEY	1-50	X(50)	Key Information (See General Information for detailed period)	Page Number 000054															
1-50	51-4550	The following format occurs 50 times: <table border="0"><tr><td>N(10)</td><td>Line Number</td><td>Values 1-50</td></tr><tr><td>X(30)</td><td>Column 1</td><td>Description</td></tr><tr><td>N(10)</td><td>Column 2</td><td>Page 5.1 and Page 5.2 Line No.</td></tr><tr><td>N(10)</td><td>Column 3</td><td>Amount Increase (Decrease)</td></tr><tr><td>X(30)</td><td>Column 4</td><td>Explanation of Adjustment</td></tr></table>			N(10)	Line Number	Values 1-50	X(30)	Column 1	Description	N(10)	Column 2	Page 5.1 and Page 5.2 Line No.	N(10)	Column 3	Amount Increase (Decrease)	X(30)	Column 4	Explanation of Adjustment
N(10)	Line Number	Values 1-50																	
X(30)	Column 1	Description																	
N(10)	Column 2	Page 5.1 and Page 5.2 Line No.																	
N(10)	Column 3	Amount Increase (Decrease)																	
X(30)	Column 4	Explanation of Adjustment																	

**ADJUSTMENTS AND RECLASSIFICATIONS TO
BALANCE SHEET FOR COMPUTATION OF RETURN ON
EQUITY CAPITAL**
(Medi-Cal Providers, Only)
(continued)

Report Page 5.4

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	26	2301	90
1	51	90	27	2391	90
2	141	90	28	2481	90
3	231	90	29	2571	90
4	321	90	30	2661	90
5	411	90	31	2751	90
6	501	90	32	2841	90
7	591	90	33	2931	90
8	681	90	34	3021	90
9	771	90	35	3111	90
10	861	90	36	3201	90
11	951	90	37	3291	90
12	1041	90	38	3381	90
13	1131	90	39	3471	90
14	1221	90	40	3561	90
15	1311	90	41	3651	90
16	1401	90	42	3741	90
17	1491	90	43	3831	90
18	1581	90	44	3921	90
18	1671	90	45	4011	90
20	1761	90	46	4101	90
21	1851	90	47	4191	90
22	1941	90	48	4281	90
23	2031	90	49	4371	90
24	2121	90	50	4461	90
25	2211	90			

BALANCE SHEET--RESTRICTED FUNDS

Report Page 6

Dataset Name (Tape)	SH.LyyP006.CA
Filename (CD-ROM)	LyyP006.txt
Sequence of File (Tape)	11
Record Length (bytes)	2,120
Block Length (bytes)	31,800 (15 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000006
5-250	51-2120	The following format occurs 23 times: N(10) Line Number Values 5-250 N(10) Column 1 Current Period N(10) Column 2 Prior Period N(10) Column 3 Current Period N(10) Column 4 Prior Period N(10) Column 5 Amount in parentheses on line labels for column 1, lines 10, 15, 110, 210, 215 X(30) Other (Specify) Description for line 210, column 3		

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	120	1041	90
5	51	90	125	1131	90
10	141	90	145	1221	90
15	231	90	150	1311	90
20	321	90	205	1401	90
25	411	90	210	1491	90
30	501	90	215	1581	90
45	591	90	220	1671	90
50	681	90	225	1761	90
105	771	90	230	1851	90
110	861	90	245	1941	90
115	951	90	250	2031	90

STATEMENT OF CHANGES IN EQUITY

Report Page 7

Dataset Name (Tape)	SH.LyyP007.CA
Filename (CD-ROM)	LyyP007.txt
Sequence of File (Tape)	12
Record Length (bytes)	2,530
Block Length (bytes)	30,360 (12 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000007
1-32	51-2530	The following format occurs 31 times:		
		N(10)	Line Number	Values 1-32
		N(10)	Column 1	Total Equity
		N(10)	Column 2	Plant Replacement and Expansion
		N(10)	Column 3	Specific Purpose
		N(10)	Column 4	Endowment
		X(30)	Other (Specify)	Description for lines 3-6, 21, 22, 27-30

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	16	1251	80
1	51	80	17	1331	80
2	131	80	18	1411	80
3	211	80	19	1491	80
4	291	80	20	1571	80
5	371	80	21	1651	80
6	451	80	22	1731	80
7	531	80	23	1811	80
8	611	80	25	1891	80
9	691	80	26	1971	80
10	771	80	27	2051	80
11	851	80	28	2131	80
12	931	80	29	2211	80
13	1011	80	30	2291	80
14	1091	80	31	2371	80
15	1171	80	32	2451	80

STATEMENT OF INCOME--GENERAL FUND

Report Page 8

Dataset Name (Tape)	SH.LyyP008.CA
Filename (CD-ROM)	LyyP008.txt
Sequence of File (Tape)	13
Record Length (bytes)	4,180
Block Length (bytes)	29,260 (8 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000008
5-265	51-4180	N(10) N(10) N(10) N(10) X(30)	The following format occurs 59 times: Line Number Column 1 Column 2 Column 3 Other (Specify)	Values 5-265 Current Period Prior Period Data only for line 210. See item at bottom of report form about residential revenues/expenses. 1=box checked; 0=box not checked Description for lines 240 and 245

STATEMENT OF INCOME--GENERAL FUND
 (continued)

Report Page 8

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	130	2291	70
5	51	70	135	2361	70
7	121	70	140	2431	70
10	191	70	145	2501	70
15	261	70	155	2571	70
20	331	70	160	2641	70
25	401	70	165	2711	70
30	471	70	170	2781	70
35	541	70	175	2851	70
40	611	70	180	2921	70
45	681	70	185	2991	70
50	751	70	190	3061	70
51	821	70	195	3131	70
53	891	70	200	3201	70
55	961	70	205	3271	70
60	1031	70	210	3341	70
65	1101	70	215	3411	70
70	1171	70	220	3481	70
72	1241	70	225	3551	70
75	1311	70	230	3621	70
76	1381	70	235	3691	70
77	1451	70	240	3761	70
78	1521	70	245	3831	70
80	1591	70	250	3901	70
85	1661	70	255	3971	70
90	1731	70	260	4041	70
95	1801	70	265	4111	70
100	1871	70			
105	1941	70			
110	2011	70			
115	2081	70			
120	2151	70			
125	2221	70			

STATEMENT OF CASH FLOWS--GENERAL FUND

Report Page 9

Dataset Name (Tape)	SH.LyyP009.CA
Filename (CD-ROM)	LyyP009.txt
Sequence of File (Tape)	14
Record Length (bytes)	2,630
Block Length (bytes)	31,560 (12 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000009
5-215	51-2630	The following format occurs 43 times:		
		N(10)	Line Number	Values 5-215
		N(10)	Column 1	Current Period
		N(10)	Column 2	Prior Period
		X(30)	Other (Specify)	Description for lines 90, 115-135, 175-195

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key 5	1 51	50 60	110	1311	60
10	111	60	115	1371	60
15	171	60	120	1431	60
20	231	60	125	1491	60
25	291	60	130	1551	60
30	351	60	135	1611	60
35	411	60	140	1671	60
40	471	60	145	1731	60
45	531	60	150	1791	60
50	591	60	155	1851	60
55	651	60	160	1911	60
60	711	60	165	1971	60
65	771	60	170	2031	60
70	831	60	175	2091	60
75	891	60	180	2151	60
80	951	60	185	2211	60
85	1011	60	190	2271	60
90	1071	60	195	2331	60
95	1131	60	200	2391	60
100	1191	60	205	2451	60
105	1251	60	210	2511	60
			215	2571	60

EXPENSE TRIAL BALANCE WORKSHEET

Report Page 10.1

Dataset Name (Tape)	SH.LyyP10A.CA
Filename (CD-ROM)	LyyP10A.txt
Sequence of File (Tape)	15
Record Length (bytes)	6,650
Block Length (bytes)	26,600 (4 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000101
5-190	51-6650		The following format occurs 44 times*: N(10) Line Number Values 5-190 N(10) Column 1 Salaries and Wages N(10) Column 2 Employee Benefits N(10) Column 3 Other Expenses N(10) Column 4 Total Expenses (Sum of Cs. 1, 2, 3) N(10) Column 5 Amounts Directly Assignable Residential Care N(10) Column 6 Amounts Directly Assignable Health Care N(10) Column 7 Balance to be Apportioned (C4 - (C5 + C6)) N(4).N(6) Column 8 Apportionment Factor for Residential Care Portion N(10) Column 9 Amounts Apportioned to Residential Care (C7 x C8) N(10) Column 10 Total Health Care Portion (C4 - (C5 + C9)) N(10) Column 11 Adjustments for Other Operating Revenue (From P. 10.2) N(10) Column 12 Adjusted Direct Expense (C10 - C11) N(10) Column 13 Adjustments to Expenses for Medi-Cal (From P. 10.3) N(10) Column 14 Adjusted Trial Balance for Medi-Cal (C10 + C13)	

*Every possible column for the lines on this page have been defined in this record description. However, there are a number of shaded columns that indicate that no data should be entered. Also lines 180, 185, and 190 have only a limited number of columns. Please refer to the report form to identify invalid columns.

EXPENSE TRIAL BALANCE WORKSHEET
 (continued)

Report Page 10.1

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	95	3351	150
5	51	150	100	3501	150
10	201	150	105	3651	150
15	351	150	110	3801	150
20	501	150	115	3951	150
25	651	150	120	4101	150
30	801	150	125	4251	150
35	951	150	126	4401	150
40	1101	150	128	4551	150
45	1251	150	130	4701	150
50	1401	150	135	5851	150
55	1551	150	140	5001	150
60	1701	150	145	5151	150
65	1851	150	150	5301	150
70	2001	150	155	5451	150
75	2151	150	160	5601	150
77	2301	150	165	5751	150
80	2451	150	170	5901	150
81	2601	150	175	6051	150
82	2751	150	180	6201	150
83	2901	150	185	6351	150
85	3051	150	190	6501	150
90	3201	150			

**ADJUSTMENTS TO TRIAL BALANCE EXPENSES
FOR OTHER OPERATING REVENUE OFFSET**

Report Page 10.2

Dataset Name (Tape)	SH.LyyP10B.CA
Filename (CD-ROM)	LyyP10B.txt
Sequence of File (Tape)	16
Record Length (bytes)	1,050
Block Length (bytes)	32,550 (31 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000102
5-100	51-1050	The following format occurs 20 times: N(10) Line Number Values 5-100 N(10) Column 1 Amount X(30) Other (Specify) Description for lines 85-95		

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	55	551	50
5	51	50	60	601	50
10	101	50	65	651	50
15	151	50	70	701	50
20	201	50	75	751	50
25	251	50	80	801	50
30	301	50	85	851	50
35	351	50	90	901	50
40	401	50	95	951	50
45	451	50	100	1001	50
50	501	50			

ADJUSTMENTS TO TRIAL BALANCE EXPENSES
(Medi-Cal Providers, Only)

Report Page 10.3

Dataset Name (Tape) SH.LyyP10C.CA
Filename (CD-ROM) LyyP10C.txt
Sequence of File (Tape) 17
Record Length (bytes) 4,670
Block Length (bytes) 32,690 (7 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000103
5-210	51-4670	N(10) N(10) X(10) N(10) N(10) X(30) X(30)	The following format occurs 42 times: Line Number Column 2* Column 3 Column 4 Column 5 Column 6 Other (Specify)	Values 5-210 Page 10.1 Trial Balance Line No. Basis Amount Increase (Decrease) Health Care Portion Explanation of Adjustment Description for lines 140, 175, 180

*Column 1 has no data. The descriptions of the data lines are contained in this column on the forms.

ADJUSTMENTS TO TRIAL BALANCE EXPENSES
 (Medi-Cal Providers, Only)
 (continued)

Report Page 10.3

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	110	2361	110
5	51	110	115	2471	110
10	161	110	120	2581	110
15	271	110	125	2691	110
20	381	110	130	2801	110
25	491	110	135	2911	110
30	601	110	140	3021	110
35	711	110	145	3131	110
40	821	110	150	3241	110
45	931	110	155	3351	110
50	1041	110	160	3461	110
55	1151	110	165	3571	110
60	1261	110	170	3681	110
65	1371	110	175	3791	110
70	1481	110	180	3901	110
75	1591	110	185	4011	110
80	1701	110	190	4121	110
85	1811	110	195	4231	110
90	1921	110	200	4341	110
95	2031	110	205	4451	110
100	2141	110	210	4561	110
105	2251	110			

**ADJUSTMENTS TO TRIAL BALANCE
EXPENSES - SUPPLEMENTAL**
(Medi-Cal Providers, Only)

Report Page 10.4

Dataset Name (Tape) SH.LyyP10D.CA
Filename (CD-ROM) LyyP10D.txt
Sequence of File (Tape) 18
Record Length (bytes) 6,320
Block Length (bytes) 31,600 (5 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000104
1-57	51-6320	N(10) X(30) N(10) X(10) N(10) N(10) X(30)	Line Number Column 1 Column 2 Column 3 Column 4 Column 5 Column 6	Values 1-57 Description (Specify) Page 10.1 Trial Balance Line No. Basis (Cost or Amount Received) Amount Increase (Decrease) Health Care Portion Explanation of Adjustment

ADJUSTMENTS TO TRIAL BALANCE
EXPENSES – SUPPLEMENTAL
(Medi-Cal Providers, Only)
(continued)

Report Page 10.4

Line No.	Beginning Position	Length (bytes)	Line No.	Beginning Position	Length (bytes)
Key	1	50	29	3131	110
1	51	110	30	3241	110
2	161	110	31	3351	110
3	271	110	32	3461	110
4	381	110	33	3571	110
5	491	110	34	3681	110
6	601	110	35	3791	110
7	711	110	36	3901	110
8	821	110	37	4011	110
9	931	110	38	4121	110
10	1041	110	39	4231	110
11	1151	110	40	4341	110
12	1261	110	41	4451	110
13	1371	110	42	4561	110
14	1481	110	43	4671	110
15	1591	110	44	4781	110
16	1701	110	45	4891	110
17	1811	110	46	5001	110
18	1921	110	47	5111	110
19	2031	110	48	5221	110
20	2141	110	49	5331	110
21	2251	110	50	5441	110
22	2361	110	51	5551	110
23	2471	110	52	5661	110
24	2581	110	53	5771	110
25	2691	110	54	5881	110
26	2801	110	55	5991	110
27	2911	110	56	6101	110
28	3021	110	57	6211	110

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS - HEALTH CARE ONLY**

Report Page 11

(All facilities must complete columns 2, 4, and 6, lines 10 through 85.
Medi-Cal providers must complete the entire page.)

Dataset Name (Tape)	SH.LyyP11A.CA
Filename (CD-ROM)	LyyP11A.txt
Sequence of File (Tape)	19
Record Length (bytes)	3,600
Block Length (bytes)	32,400 (9 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000111
5-95	51-3300		The following format occurs 25 times:	
		N(10)	Line Number	Values 5-95
		N(10)	Column 1	Expenses from P. 10.1, Column 14
		N(10)	Column 2	Plant Operations and Maintenance through Interest - Other (Basis - Square Feet)
		N(10)	Column 3	Plant Operations and Maintenance through Interest - Other (Amount)
		N(10)	Column 4	Laundry and Linen (Basis - Clean, Dry Pounds)
		N(10)	Column 5	Laundry and Linen (Amount)
		N(10)	Column 6	Dietary (Basis - Number of Patient Meals)
		N(10)	Column 7	Dietary (Amount)
		N(10)	Column 8	Social Services, Activities, and Inservice Education - Nursing (Basis - Direct Expense)
		N(10)	Column 9	Social Services, Activities, and Inservice Education - Nursing (Amount)
		N(10)	Column 10	Administration (Basis - Accumulated Costs) (Cs. 1, 3, 5, 7 & 9)
		N(10)	Column 11	Administration (Amount)
		N(10)	Column 12	Total Expenses All Patient Services (Sum of Columns 10 and 11)

Note: Line 90, columns 2, 4, 6, 8, and 10 are in the format N(4).N(6) rather than N(10).

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS - HEALTH CARE ONLY**
(continued)

Report Page 11

100-110 3301-3600

The following format occurs 3 times:

N(10)	Line Number	Values 100-110
N(10)	Column 1	Skilled Nursing
N(10)	Column 2	Intermediate Care
N(10)	Column 3	Mentally Disordered
N(10)	Column 4	Developmentally Disabled
N(10)	Column 5	Sub-Acute Care
N(10)	Column 6	Sub-Acute Care - Pediatric
N(10)	Column 7	Transitional Inpatient Care
N(10)	Column 8	Hospice Inpatient Care
N(10)	Column 9	Other Routine Services

Note: Line 110 Columns 1 through 9 are in format N(8).N(2) rather than N(10).

Line No.	Beginning Position	Length (Bytes)	Line No.	Beginning Position	Length (Bytes)
Key	1	50	55	1871	130
5	51	130	60	2001	130
10	181	130	61	2131	130
12	311	130	63	2261	130
15	441	130	65	2391	130
16	571	130	70	2521	130
17	701	130	75	2651	130
18	831	130	80	2781	130
20	961	130	85	2911	130
25	1091	130	90	3041	130
30	1221	130	95	3171	130
35	1351	130	100	3301	100
40	1481	130	105	3401	100
45	1611	130	110	3501	100
50	1741	130			

LABOR REPORT

Report Page 12

Dataset Name (Tape)	SH.LyyP012.CA
Filename (CD-ROM)	LyyP012.txt
Sequence of File (Tape)	20
Record Length (bytes)	3,690
Block Length (bytes)	29,520 (8 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000012
5-315	51-2170		The following format occurs 53 times:	
		N(10)	Line Number	Values 5-315
		N(10)	Column 1	Productive Hours
		N(10)	Column 2	Productive Salaries and Wages
		N(8).N(2)	Column 3	Hourly Average (Col. 2 / Col. 1)
405-560	2171-3450		The following format occurs 32 times:	
		N(10)	Line Number	Values 405-560
		N(10)	Column 1	Hours
		N(10)	Column 2	Amount Paid
		N(8).N(2)	Column 3	Hourly Average (Col. 2 / Col. 1)
605-630	3451-3690		The following format occurs 6 times:	
		N(10)	Line Number	Values 605-630
		N(10)	Column 1	All Employees
		N(10)	Column 2	Direct Nursing Employees
		N(10)	Column 3	Nurse Assistants

Note: Line 625 Columns 1, 2, and 3 are in format N(8).N(2) rather than N(10).

LABOR REPORT
(continued)

Report Page 12

Line No.	Beginning Position	Length (Bytes)	Line No.	Beginning Position	Length (Bytes)
Key	1	50	210	1571	40
5	51	40	215	1611	40
10	91	40	220	1651	40
25	131	40	225	1691	40
30	171	40	230	1731	40
35	211	40	250	1771	40
40	251	40	255	1811	40
45	291	40	260	1851	40
60	331	40	265	1891	40
65	371	40	270	1931	40
70	411	40	275	1971	40
75	451	40	280	2011	40
90	491	40	285	2051	40
95	531	40	290	2091	40
100	571	40	300	2131	40
105	611	40	310	2171	40
110	651	40	315	2211	40
125	691	40	405	2251	40
130	731	40	410	2291	40
140	771	40	415	2331	40
145	811	40	420	2371	40
150	851	40	425	2411	40
155	891	40	430	2451	40
160	931	40	435	2491	40
165	971	40	440	2531	40
170	1011	40	445	2571	40
175	1051	40	450	2611	40
180	1091	40	455	2651	40
190	1131	40	460	2691	40
191	1171	40	465	2731	40
192	1211	40	470	2771	40
193	1251	40	475	2811	40
194	1291	40	480	2851	40
195	1331	40	485	2891	40
196	1371	40	490	2931	40
198	1411	40	495	2971	40
199	1451	40	500	3011	40
200	1491	40	505	3051	40
205	1531	40	510	3091	40

LABOR REPORT
(continued)

Report Page 12

Line No.	Beginning Position	Length (Bytes)	Line No.	Beginning Position	Length (Bytes)
515	3131	40	560	3411	40
520	3171	40	605	3451	40
525	3211	40	610	3491	40
530	3251	40	615	3531	40
535	3291	40	620	3571	40
540	3331	40	625	3611	40
555	3371	40	630	3651	40

**COMPUTATION OF ANCILLARY SERVICES
COST PER PATIENT DAY**
(Special Care Program Contract Providers Only)

Report Page 13

Dataset Name (Tape)	SH.LyyP013.CA
Filename (CD-ROM)	LyyP013.txt
Sequence of File (Tape)	21
Record Length (bytes)	1,610
Block Length (bytes)	32,200 (20 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000013
10-105	51-1610		The following format occurs 12 times: N(10) Line Number N(10) Column 1 N(10) Column 2 N(4).N(6) Column 3 N(10) Column 4 N(10) Column 5 N(8).N(2) Column 6 N(10) Column 7 N(10) Column 8 N(8).N(2) Column 9 N(10) Column 10 N(10) Column 11 N(8).N(2) Column 12	Values 10-105 Allowable Cost - Total Gross Revenue - Total Ratio - Total Gross Ancillary Revenue - Sub-Acute Care Allowable Cost – Sub-Acute Care Per Sub-Acute Care Day Gross Ancillary Revenue – Sub-Acute Care - Pediatric Allowable Cost – Sub-Acute Care - Pediatric Per Sub-Acute Care – Pediatric Day Gross Ancillary Revenue – Transitional Inpatient Care Allowable Cost – Transitional Inpatient Care Per Transitional Inpatient Care Day

**COMPUTATION OF ANCILLARY SERVICES
COST PER PATIENT DAY**
(continued)

Report Page 13

Line No.	Beginning Position	Length (Bytes)
Key	1	50
10	51	130
12	181	130
15	311	130
16	441	130
17	571	130
18	701	130
20	831	130
25	961	130
30	1091	130
35	1221	130
95	1351	130
105	1481	130

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS---HEALTH CARE ONLY**
(For OSHPD Disclosure Purposes)

Report Page 11.2

Dataset Name (Tape)	SH.LyyP11B.CA
Filename (CD-ROM)	LyyP11B.txt
Sequence of File (Tape)	22
Record Length (bytes)	3,800
Block Length (bytes)	30,400 (8 records per block)

Record Format:

Line No.	Record Position	Format	Description	Comments
KEY	1-50	X(50)	Key Information (See General Information for detailed format)	Page Number 000112
5-95	51-3500		The following format occurs 23 times:	
		N(10)	Line Number	Values 5-95
		N(10)	Column 1	Expenses from P. 10.1, Column 12
		N(10)	Column 2	Plant Operations and Maintenance through Interest - Other (Basis - Square Feet)
		N(10)	Column 3	Plant Operations and Maintenance through Interest - Other (Amount)
		N(10)	Column 4	Laundry and Linen (Basis - Clean, Dry Pounds)
		N(10)	Column 5	Laundry and Linen (Amount)
		N(10)	Column 6	Dietary (Basis - Number of Patient Meals)
		N(10)	Column 7	Dietary (Amount)
		N(10)	Column 8	Provision for Bad Debts (Basis - Self-Pay Revenue)
		N(10)	Column 9	Provision for Bad Debts (Amount)
		N(10)	Column 10	Social Services, Activities and Inservice Education - Nursing (Basis - Direct Expense)
		N(10)	Column 11	Social Services, Activities and Inservice Education - Nursing (Amount)
		N(10)	Column 12	Administration (Basis - Accumulated Costs) (Cs. 1, 3, 5, 7, 9 & 11)
		N(10)	Column 13	Administration (Amount)
		N(10)	Column 14	Total Expenses All Patient Services (Sum of Cs. 12 and 13)

Note: Line 90, columns 2, 4, 6, 8, 10 and 12 are in the format N(4).N(6) rather than N(10).

**ALLOCATION OF INDIRECT COSTS TO DIRECT
COST CENTERS---HEALTH CARE ONLY**

Report Page 11.2

(For OSHPD Disclosure Purposes)

(continued)

100-110 3501-3800

The following format occurs 3 times:

N(10)	Line Number	Values 100-110
N(10)	Column 1	Skilled Nursing
N(10)	Column 2	Intermediate Care
N(10)	Column 3	Mentally Disordered
N(10)	Column 4	Developmentally Disabled
N(10)	Column 5	Sub-Acute Care
N(10)	Column 6	Sub-Acute Care - Pediatric
N(10)	Column 7	Transitional Inpatient Care
N(10)	Column 8	Hospice Inpatient Care
N(10)	Column 9	Other Routine Services

Note: Line 110 Columns 1 through 9 are in format N(8).N(2) rather than N(10).

Line No.	Beginning Position	Length (Bytes)	Line No.	Beginning Position	Length (Bytes)
Key	1	50	50	2001	150
5	51	150	55	2151	150
10	201	150	60	2301	150
12	351	150	61	2451	150
15	501	150	63	2601	150
16	651	150	65	2751	150
17	801	150	70	2901	150
18	951	150	85	3051	150
20	1101	150	90	3201	150
25	1251	150	95	3351	150
30	1401	150	100	3501	100
35	1551	150	105	3601	100
40	1701	150	110	3701	100
45	1851	150			